

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED
Do not use this space.

1. PLACE OF DEATH

County GreeneTownship SpringfieldCity Springfield (No. 1825 N. Campbell)Registration District No. 318Primary Registration District No. 2001File No. 318Registered No. 24092St. Mo.Ward 1

2. FULL NAME

(a) Residence, No. 1825 N. Campbell

(Usual place of abode)

St. Mo.Ward. 1

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(or) WIFE OFMargaret E. Mapes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 15 - 1851

7. AGE

YEARS

83

MONTHS

2

DAYS

23If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) ✓11. Total time (years)
spent in this
occupation ✓12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Lorion MapesSpringfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Placed inGravesJuly 10193419. UNDERTAKER
(ADDRESS)Springfield, Mo.19347-91934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-81934

22. I HEREBY CERTIFY, That I attended deceased from

5-10-1934 to 7-3-1934I last saw him alive on 7-3-1934 Death is saidto have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

(Address)

Springfield Mo

M. D.

